



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**
State Form 4604 (R13/9-10)
Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

(CFA-1)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER									
1. IS THIS AN AMENDMENT? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If Yes, please enter the file number in this box → 6005210									
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.									
2. Last Name GOLOSTEIN		First Name STEVE		Middle Name 8074 CHARLOTTE		Nickname		3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address 4075 Broad Ripple Ave				5. FAX (Optional)		6. E-mail Address (Optional)			
7. City INDIANAPOLIS		State IN	ZIP Code 46220	8. County MARION		9. Telephone (Day) 317 8500726		10. Telephone (Evening) 317 2517856	
11. Party Affiliation <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other				12. Office Sought (Include district number, if any. Not required for an exploratory committee.) CITY COUNCIL DISTRICT 2					
SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.									
13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name GOLOSTEIN FOR CITY-COUNCIL									
14. Mailing Address <input type="checkbox"/> Check if this is a new address 4075 Broad Ripple Ave				15. FAX (Optional)		16. E-mail Address (Optional)			
17. City INDIANAPOLIS		State IN	ZIP Code 46220	18. County MARION		19. Telephone 317 8500726		20. Committee Organization Date (MM-DD-YY) 4/14/2015	
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson ANGELA FISHER									
22. Mailing Address <input type="checkbox"/> Check if this is a new address 6126 Compton St #16				23. FAX (Optional) 317 5821772		24. E-mail Address (Optional) GOLOSTEIN@FALC206MIL.COM			
25. City INDIANAPOLIS		State IN	ZIP Code 46220	26. County MARION		27. Telephone (Day) 317 8330980		28. Telephone (Evening) same	
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) NATIONAL BANK OF INDIANAPOLIS									
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)					31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)									
32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.				Person Appointed Treasurer ETHAN OWENS		Signature of the Committee Chairperson <i>[Signature]</i>			
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer <input checked="" type="checkbox"/> Check if this is a new treasurer ETHAN OWENS									
34. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address 26 E 14th St				35. FAX (Optional)		36. E-mail Address (Optional)			
37. City INDIANAPOLIS		State IN	ZIP Code 46212	38. County MARION		39. Telephone (Day) 317 6981843		40. Telephone (Evening)	
SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)									
41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).						Signature of Person Accepting Appointment <i>[Signature]</i>			
SECTION E. CERTIFICATION OF STATEMENT									
We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.									
42. Typed or Printed Name of Chairperson Angela Fisher			Signature of Chairperson <i>[Signature]</i>			Date (MM-DD-YY) 10/10/15			
43. Typed or Printed Name of Candidate STEVE GOLOSTEIN			Signature of Candidate <i>[Signature]</i>			Date (MM-DD-YY) 10/10/15			
Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).									

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Myles A. Eldridge